

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept

Checks are made payable to: Bayfield County Zoning Department
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT

Permit #:	12-037
Date:	8-8-12
Amount Paid:	\$750.00
Refund:	7/27/12

<input type="checkbox"/> Non-Shoreland					
<input type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance structure is from Shoreline: <u>100</u> feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance structure is from Shoreline: <u>350</u> feet	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 60 Feet	Width: 42 Feet	Height: 44 Feet
			Square

Proposed Use	✓	Proposed Structure	Dimensions	Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input checked="" type="checkbox"/>	with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(60 X 42)	2520
		with Attached Garage	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____		
			(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Conditional Use: (explain) <u>EXCEED 35' Height Restriction</u>	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

above described property to any person.

Owner(s): David J. Green Cynthia A. Hansen

(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) or lessee(s) of the property, please print the name of the owner(s) or lessee(s) and the address to send permit:

6191 Sugar Mill Lane, Mounts Mill SS364

If you recently purchased the property, please print the name of the previous owner(s) and the address to send permit:

55364

CONTACT COMPLETE PIOT PLANON REVERSE SIDE

ADMIT: COMPLETED APPLICATION, TAX
PERMIT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp Received: JUL 19 2012

Bayfield Co. Zoning Dept.

Permit #:	12-0085
Date:	8-10-12
Amount Paid:	\$420.00
Refund:	7/25/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
HOW DO I FILL OUT THIS APPLICATION (Visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input checked="" type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Feinold Sch. 1 Malls</u>	Mailing Address: <u>PO Box 442</u>	City/State/Zip: <u>Bayfield WI 54814</u>	Telephone: _____
Address of Property: <u>779 Sunset Ridge</u>	City/State/Zip: _____	Contractor Phone: <u>715 719 3150</u>	Cell Phone: <u>715 909 1919</u>
Contractor: <u>Bayfield Const</u>	Plumber: <u>WJ</u>	Plumber Phone: <u>715 928 3456</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): <u>2000</u>	Recorded Document (i.e. Property Ownership) Volume _____ Page(s) _____
PROJECT LOCATION: <u>Legal Description: (Use Tax Statement) Attached</u>	PLN: (23 digits) <u>04-006-2-50-04-15-2-0-340-2000</u>	Subdivision: _____	Page(s) _____
<u>1/4, 1/4</u>	Gov't Lot _____	Lot(s) _____	Block(s) No. _____
<u>1/4</u>	Lot(s) <u>11</u>	Vol & Page _____	Lot Size _____
Section <u>15</u> , Township <u>50</u> N, Range <u>4</u> W	Town of: <u>BAYFIELD</u>	Lot Size _____	Acreage <u>1.2</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure Is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure Is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$149,000</u>	<input checked="" type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>41'6"</u>	Width: <u>38'-0"</u>	Height: <u>23'-0"</u>
Proposed Construction: <u>Home</u>			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<u>Home</u>	<u>41'6" x 38'0"</u>	<u>1400 sq ft</u>
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>with Loft</u>	<u>8' x 24'</u>	<u>200 sq ft</u>
<input type="checkbox"/> with a Porch	<u>with (2nd) Porch</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> with a Deck	<u>with (2nd) Deck</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> with Attached Garage	<u>()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<u>()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Mobile Home (manufactured date)	<u>()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Addition/Alteration (specify)	<u>Accessory Building</u>	<u>28' x 32'</u>	<u>()</u>
<input checked="" type="checkbox"/> Accessory Building (specify)	<u>Accessory Building Addition/Alteration (specify)</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Special Use: (explain)	<u>()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Conditional Use: (explain)	<u>()</u>	<u>() x ()</u>	<u>()</u>
<input type="checkbox"/> Other: (explain)	<u>()</u>	<u>() x ()</u>	<u>()</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Feinold Malls
(if there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____
If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.

Rec'd for Issuance
AUG 10 2012
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Secretary Staff
Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- 1) Show location of:
North (N) on Plot Plan
- 2) Show/Indicate:
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- 3) Show Location of (*):
All Existing Structures on your Property
- 4) Show:
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- 5) Show any (*):
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- 6) Show any (*):
(*) Wetlands; or (*) Slopes over 20%

See Attached Survey Map

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75' ± Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	15' ± Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	100' ± Feet	Setback from Wetland	Feet
Setback from the South Lot Line	20' ± Feet	Setback from 20% Slope Area	20' Feet
Setback from the West Lot Line	270' ± Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	15' Feet	Setback to Well	220' Feet
Setback to Drain Field	85' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-805	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 12-0283		Permit Date: 8-10-12				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Re-Inspection:		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of Inspection: 7-20-12		
Inspection Record: Inspected Property Location as represented by owner. APPROX. TO WEST	Inspected by: DDC					Zoning District (R-15)
Remarks: I wanted one requirement.						Lakes Classification (-)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						Date of Inspection: 7-20-12
Additional Remarks: One (00) feet from the boundary line of the property on the adjacent property.						Date of Approval: 8-12-12
Signature of Inspector: [Signature]						Date of Approval: 8-12-12
Hold For Sanitary: <input checked="" type="checkbox"/> X	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 8-12-12		

